

VCU Neurology Resident Commendation or Concern Notice

Please complete this form if you wish to recognize exemplary behavior or wish note concerns of a Neurology resident.

Resident Name: _____ **Date:** _____
Person Originating this Notice Printed Name: _____
Person Originating this Notice Signature: _____
Title/Role of Person Originating this Notice: _____

This form is being completed based on:

- my direct observations/encounters with the resident
 information provided to me by a third party

Please mark the area which best describes your concerns about this resident. Provide comments in the space provided below.

Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care	<input type="checkbox"/> Exemplary <input type="checkbox"/> Problematic
Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health	<input type="checkbox"/> Exemplary <input type="checkbox"/> Problematic
Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals	<input type="checkbox"/> Exemplary <input type="checkbox"/> Problematic
Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population	<input type="checkbox"/> Exemplary <input type="checkbox"/> Problematic
Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care	<input type="checkbox"/> Exemplary <input type="checkbox"/> Problematic
Systems-Based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value	<input type="checkbox"/> Exemplary <input type="checkbox"/> Problematic

Comments: _____

Intervention: _____

Follow-Up: _____

Resident Signature: _____

Program Director Signature: _____